## City of Newport News Health Savings Account Salary Adjustment Affidavit January 1, 2015 – December 31, 2015

	Change Deduction	Stop Deduction
(Name), SSN/ID#		
epartment: Daytime Phone#		
• •	I understand that these pre-tax dedu	ciated with the Anthem Lumenos High uctions will be deposited in my HSA on a
This deduction request replaces a	News to deduct \$ per	the HSA payroll deduction. I understand
<ul> <li>You must be enrolled in the You cannot also be enrolled Flexible Spending Plan, at You may not be claimed at You cannot have used the</li> </ul>	Spouse's Health Plan, Medicare or Tri as a dependent on another person's to e VA facility for medical treatment 90	month to establish this HSA. ot a HDHP; including but not limited to a icare. ax return.
indicated above and agree to the		uction to be established or modified as e are maximum limits I can contribute to x penalties if I exceed this amount.
Signature		te
Waiver of Payroll Deduction: I D	OO NOT wish to enroll in the HSA thro	ugh payroll deduction.
Signature	 Dat	te